

VOLUNTARY SURRENDER
IVAN ROBINSON, R197474, AC000469

Gary N. Hicks, MS, RN, CEN, CNE
President, Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

RE: Surrender of License to Practice as a Registered Nurse and Certification to Practice as a Certified Registered Nurse Practitioner-Family License Number R197474, AC000469

Dear Mr. Hicks:

I agree to voluntarily surrender my license to practice as a registered nurse ("RN") in the State of Maryland, license number R197474, and my certification to practice as a certified registered nurse practitioner-Family ("CRNP"), R197474 and AC000469, to the Maryland Board of Nursing (the "Board"). I understand that, as of the effective date of this Voluntary Surrender, I may not practice as an RN or CRNP, with or without compensation, as they are defined in the Maryland Nurse Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 8-101 *et seq.*, and the Board's regulations, COMAR 10.27.01 *et seq.* In other words, I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an unlicensed, uncertified individual.

I understand that this Voluntary Surrender shall become a **PUBLIC** record and shall become effective on the date of the Board's acceptance of it. I understand and agree that this letter may be released or published by the Board as a final decision and order under the Maryland Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019 Repl. Vol.). I expressly consent to the publication of this Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

On June 16, 2021, in the United States District Court for the District of Columbia, I was convicted of 42 counts of Distributing a Controlled Substance (Oxycodone) by writing prescriptions outside of the usual course of professional practice and not for a legitimate medical purpose, and 2 counts of Money Laundering. The Court sentenced me to 135 months of imprisonment for Counts 1-31 and 33-43, and 120 months for Counts 44 and 45, to run concurrently, with credit for time served since August 10, 2017. The Court further ordered that, upon release from imprisonment, I be on supervised release for 36 months; that I pay a criminal monetary penalty of \$4,000.00; and that the \$108,000 that was involved in the offenses for which I was convicted be forfeited. Due to my felony convictions, on November 30, 2021, the Office of the Inspector General for the Department of Health and Human Services excluded me from participating in all federal health care programs, effective 20 days after November 30, 2021.

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I understand that if an evidentiary hearing was held, the Board would have sufficient evidence to find that I violated Health Occ. § 8-316(a)(4) ("Is convicted of or pleads guilty or nolo contendere to a felony or a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside") and (25) ("Engages in conduct that violates the professional code of ethics;" specifically, COMAR 10.27.19.02C(8) ("Using, possessing, supplying, administering, or otherwise attempting to use, possess, supply, or administer prescription drugs or controlled dangerous substances without valid medical indication")). I further understand that the Board would have sufficient evidence to conclude as a matter of law that I violated the Act, and to sanction my RN license and CRNP certification accordingly pursuant to Health Occ. § 8-316. Thus, it is my desire to surrender my RN license and CRNP certification at this time.

In executing this agreement to surrender my RN license and CRNP certification to the Board, I agree that I will not apply for reinstatement of my license or certification for a period of at least **ONE (1) YEAR** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **ONE (1) YEAR**, I decide to apply for reinstatement of my license or certification, I will approach the Board in the same posture as an unlicensed, uncertified individual whose license and certification have been revoked. I also understand that, in considering any future application for reinstatement of my license or certification, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender, and require me to undergo medical, psychological, and/or psychiatric evaluations, and/or drug and alcohol testing, to determine my fitness to have my license or certification reinstated. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all the Board's requirements for reinstatement of my license or certification at the time I submit a reinstatement application.

I further understand that my license and certification will remain surrendered unless and until the Board grants reinstatement. I understand that the Board is not required to grant reinstatement. I understand that, if the Board reinstates my license or certification, it will be reinstated through the Board's disciplinary process, that my license or certification will only be reinstated by the Board's issuance of a public order of reinstatement, and that the Board may, in its discretion, place my reinstated license or certification on probation, subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Voluntary Surrender. I understand that, by executing this Voluntary Surrender, I am waiving the right, now and in the future, to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law, including the right to appeal.

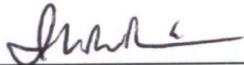
I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Voluntary Surrender fully. Finally, I wish to make clear that I ~~have had~~ ^{do not} have an opportunity to

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discuss this matter with legal counsel and that I willingly, knowingly, and voluntarily sign this Voluntary Surrender.

Sincerely,


Ivan Robinson, R197474, AC000469

11/15/22
Date

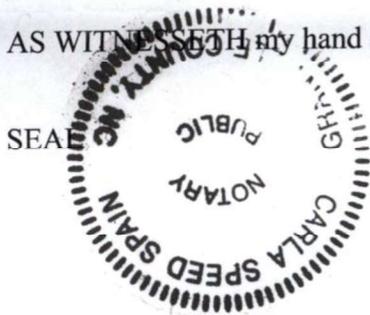
NOTARIZATION

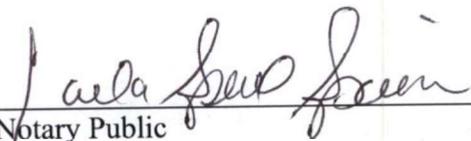
CITY/COUNTY: Butner, nc | Granville Co.

STATE: North Carolina

I HEREBY CERTIFY that on this 15 day of November, before me, Notary Public of the State and City/County aforesaid, **IVAN ROBINSON** personally appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **IVAN ROBINSON**.

AS WITNESSETH my hand and notarial seal.




Notary Public

My Commission Expires: 9/14/2023

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 14th day of December, 2022, I accept **Ivan Robinson's** public Voluntary Surrender of his license to practice as a registered nurse in the State of Maryland, license number R197474, and his certification to practice as a certified registered nurse practitioner-family in the State of Maryland, license number R197474 and certification number AC000467.

December 14, 2022
Date

Gary Hicks, MS, RN, CEN, CNE
The Board President's Signature
Appears on the Original Document